

**CENTER FOR CREATIVE LEARNING TUESDAY/THURSDAY SCHOOL  
APPLICATION FOR ENROLLMENT - PreK through 8th 2019/2020 School Year  
Community Baptist Church, Rancho Cucamonga, CA**

**PLEASE ENROLL THE FOLLOWING STUDENT (one form PER STUDENT please):**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(complete address, phone and emergency info on reverse)

- In the Tuesday School Program, PreK-5 every Tuesday**  
\$180 per semester for 1 child, \$280 for 2 children, \$360 for 3 children
  
- In the Tuesday Middle School Academy, Grades 6-8**  
\$200 per semester for one student, \$320 for 2 students, \$420 for 3 students
  
- IEW Writing I (Tuesdays) grades 3-8 (\$20 per semester additional)**
  
- IEW Writing II (Tuesdays) grades 3-8 (\$20 per semester additional)**
  
- In the Thursday School Program, K-6 every Tuesday**  
\$180 per semester for 1 child, \$280 for 2 children, \$360 for 3 children

**Tuition payable to Center for Creative Learning**  
**(\$25 deposit due with this form, remainder due on or before 1st day of class each semester)**

*Please remember we are guests at these locations and we should try our best to be a blessing!!*  
**THE RULES FOR THIS LOCATION WILL BE SPECIFIED ON FIRST DAY OF CLASS**

I agree to meet all financial obligations related to our child's enrollment at the Center for Creative Learning.

I agree to resolve disagreements in conformity with the Biblical injunctions of 1 Cor 6:1-8, Matt 5:23-24, and Matt. 18:15-20. If resolution of the dispute and reconciliation do not result from such efforts, the matter shall then be settled by arbitration in accordance with the rules of procedure for Christian reconciliation of the Institute for Christian Conciliation. I agree that these methods shall be the sole remedy for any controversy or claim arising out of the school relationship or this agreement and expressly waive my right to file a lawsuit against Western Christian PSP Center for Creative Learning in any civil court for such disputes, except to enforce a legally binding arbitration decision.

**My/our signature(s) below indicate that I/we have read and agree to the terms of enrollment and the rules of conduct above:**

**Signature:** \_\_\_\_\_ **relationship** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **relationship** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE COMPLETE MEDICAL FORM ON REVERSE!! Thanks!**

**THE CENTER FOR CREATIVE LEARNING**  
**Insurance and Health Information Card**

Last name of minor	First name	Birth date
Address of minor (with city, state and zip, please!)		phone number

**The undersigned hereby authorize any adult representative of The Center for Creative Learning and consent to any X-Ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the MEDICAL PRACTICE ACT, or any dentist licensed under the provisions of the DENTAL PRACTICE ACT.**

Type of medication and specific instructions: \_\_\_\_\_

Allergies, including reactions to medications: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

Additional information that adult representatives should be aware of: \_\_\_\_\_

_____ signature of Father or Guardian	_____ signature of Mother or Guardian	
_____ Today's Date	_____ Insurance Carrier	_____ policy number

**Emergency Contact Information:**

Father: _____	Mother: _____
Address _____	Address _____
Employer: _____	
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____
E-Mail Address _____	E-Mail Address _____

\*\*\*In case of emergency, who can we contact if you are not available?\*\*\*

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____